

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 109236

Date: November 21, 2001

BOX PATENT APPLICATION

Customer Number: 25944

**NONPROVISIONAL PATENT APPLICATION TRANSMITTAL
 RULE §1.53(b)**

Director of the U.S. Patent and Trademark Office
 Washington, D.C. 20231

Sir,

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): HALOGENATED POLYMERIC CONTAINERS FOR 1, 1-DISUBSTITUTED MONOMER COMPOSITIONS

By (Inventors): Keith R. D'ALESSIO



- ☒ Formal drawings (Figs. 1-4; 4 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☒ This patent application is assigned to CLOSURE MEDICAL CORPORATION.
☐ The executed Assignment is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____.
☐ Priority of foreign application(s) No. _____ filed _____ in _____ is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.
☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

| FOR: | NO. FILED | NO. EXTRA |
|--|-----------|-----------|
| BASIC FEE | | |
| TOTAL CLAIMS | 58 - 20 | = 38 * |
| INDEP CLAIMS | 8 - 3 | = 5 * |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED | | |

* If the difference is less than zero, enter "0".

SMALL ENTITY

| RATE | FEE | OR |
|---------|--------|----|
| | \$ 370 | OR |
| x 9 = | \$ | OR |
| x 42 = | \$ | OR |
| + 140 = | \$ | OR |
| TOTAL | \$ | OR |

**OTHER THAN A
 SMALL ENTITY**

| RATE | FEE |
|-------|---------|
| | \$ 740 |
| x 18 | \$ 684 |
| x 84 | \$ 420 |
| + 280 | \$ |
| TOTAL | \$ 1844 |

- ☒ Check No. 125103 in the amount of \$1844.00 to cover the filing fee is attached. Except as otherwise noted herein, the Director is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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